AFFIDAVIT

I, [redacted], translator in the City of Toronto, Province of Ontario, make oath and say:

1. I am fluent in both Chinese and English.

2. I have translated the annexed document and carefully compared the translation from Chinese into English with regard to the following document:

   Discharge Note

3. The said translation is, to the best of my knowledge and ability, the complete and correct translation of said document.

SWORN before me at the City of Toronto
In the Regional Municipality of Metropolitan Toronto

This 10th day of July 2015

[redacted]

A Notary Public in and for the
Province of Ontario

[redacted]

Liaoning Provincial People's Hospital
Discharge Note

Name: [redacted] Gender: Male Age: [redacted] Dept.: Ward [redacted] Endocrinology and Metabolism Disease [redacted]nosis and Treatment [redacted] ID No: [redacted]

Name: [redacted] Gender: Male Age: [redacted]y

Admission Date: [redacted]

Discharge Date: 2025-[redacted]

The length of stay: [redacted]ys

Admission Status: The patient was admitted due to "polydipsia and polyuria for 20 years, with hand and foot numbness and pain for 1 month". Physical examination: Body temperature 36°C, Pulse 74 beats/min, Respiration 14 breaths/min, Blood pressure 140/60 mmHg, Weight 85Kg. Specialist examination: General condition: BMI=27.75kg/m², the patient were well-developed, well-nourished; The thyroid was not enlarged, without nodules or tenderness; The bilateral knee reflexes were weakened, bilateral ankle reflexes were weakened; The vibration sensation and position sensation were weakened; temperature sensation was abnormal; Nylon filament test: decreased foot sensation; bilateral posterior tibial and dorsalis pedis artery pulses were weakened.

Auxiliary examination (positive results were as following:

-Triglycerides: 4.58mmol/L↑; Cholesterol: 5.67mmol/L↑; Low-density lipoprotein: 3.75mmol/L↑; Glucose: 19.01mmol/L↑; 2-hour postprandial glucose: 23.53mmol/L ↑ [2025-06-24 11:31:02]; Glycated hemoglobin: 14.10%↑; Fasting glucose: 12.8mmol/L↑; Urinary microalbumin-creatinine ratio: 601.15mg/g↑.

Positive imaging and other examination results as following:

- Ultrasound: Fatty liver, gallbladder stones; Urinary system ultrasound: Benign prostatic hyperplasia with calcification.
- Electromyography: Decreased sensory nerve conduction velocity of bilateral superficial peroneal nerves. The diameter of Left subclavian artery was 7.0mm, blood flow velocity was 99/17cm/s, with normal spectrum morphology.
- Carotid artery ultrasound: Plaque formation at bilateral carotid artery bifurcations (single), plaque formation at bilateral carotid bulb (multiple on left, single on right).
- Echocardiography: Decreased myocardial motion in the inferoposterior and lateral walls of the left ventricle; E value: 0.43.

Admission Diagnosis:

- Type 2 diabetes mellitus
- Type 2 diabetic peripheral angiopathy
- Type 2 diabetic peripheral neuropathy
- Coronary atherosclerotic heart disease
- Heart failure grade III (NYHA classification)
- Grade 2 hypertension
- Hyperlipidemia
- Alzheimer's disease

Treatment Course: After admission, relevant examinations were completed to confirm the diagnosis. Level II nursing was given, diabetic low-salt and low-fat diet, and exercise education were provided.

Betahistine Hydrochloride was used to improve cerebral blood supply, Kallidinogenase to improve microcirculation, Eke Insulin combined with Metformin and Linagliptin to lower blood glucose, Rosuvastatin Calcium combined with Ezetimibe to regulate blood lipids, Nifedipine Controlled-release Tablets to lower blood pressure, and other comprehensive neurological treatments were administered.

Cardiopulmonary Resuscitation: No

Discharge Status: The patient was examined at the bedside today. His general condition was stable, with slight improvement in hand numbness. Fasting blood glucose was 6-8mmol/L, 8-10mmol/L after meals, no hypoglycemia occurred. Physical examination: Body temperature 36.1°C, pulse 76 beats/min, blood pressure 130/70mmHg; The thyroid was not enlarged, without nodules or tenderness; no edema in limbs; weakened pulses of bilateral dorsalis pedis arteries; weakened bilateral knee tendon reflexes. No obvious adverse drug reactions after medication. Discharge was scheduled.

Discharge Diagnosis:

- Type 2 diabetes mellitus
- Type 2 diabetic peripheral angiopathy
- Type 2 diabetic peripheral neuropathy
- Type 2 diabetic nephropathy (Stage IV)
- Coronary atherosclerotic heart disease
- Heart failure grade III (NYHA classification)
- Grade 2 hypertension

辽宁省人民医院
出院记录

姓名：[redacted] 性别：男 年龄：[redacted]岁 科室：内分泌与代谢病诊治中心二病房 ID号：[redacted]

（注：监测肝功，血脂，选择做小维持剂量控制血脂达标，若肌痛，肌无力及时就诊）
降压药：硝苯地平控释片30毫克 日一次 口服
（注：监测血压，长期控制血压130/80mmHg左右，若血压小于90/60mmHg，及时就诊）
其他：前列腺增生：盐酸坦索罗辛0.2克 日一次口服
阿尔茨海默病：盐酸美金刚片，每次用量：20mg，日一次口服
2.饮食与营养指导 ：糖尿病低盐低脂饮食，戒烟限酒
3.疼痛与康复指导 ：无
4.特殊指导 ：无
5.出院后去处 ：回家 患者去向：离院
出院时交通需求 ：不需要协助
6.返回医院随诊 ：是
1.周期30天 科室:内分泌科 复诊随访 ：肝功能、血脂:3个月后复查糖化血红蛋白，尿UACR，肾功能；6个月后复查眼底。
2.患者高龄、基础疾病较多且重，目前行动困难、认知障碍，家中应长期留陪护人员。
3.针对前列腺增生，定期复查psa，必要时前列腺磁共振检查。泌尿外科随诊。
需要紧急医疗的情况 ：注意低血糖反应，如心悸、出汗、头晕、乏力等
门诊电话 ：24016291 病房电话：[redacted]

医生签名：[redacted] 签字日期：20[redacted]年[redacted]日

医护人员已经将转出治疗的风险及益处等相关情况向我做了详细的说明，及时解答了相关问题，我完全理解上述情况。

患者签名： 签字日期：

如果患者无法签署知情同意书，请其法定监护人/授权委托人在此签名：

签名： 与患者关系： 签字日期：